

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004147

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

420

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jewish Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN University City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
6606 Enright

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

HARRY

Middle

SPIRO

Last

4. DATE OF DEATH

Month

Day

Year

Jan. 14, 1963

5. SEX
Male

6. COLOR OR RACE
Cauc.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-18-1904

9. AGE (last birthday)
58

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Merchant

10b. KIND OF BUSINESS OR INDUSTRY
Ready to wear

11. BIRTHPLACE (City and state or country)
Poland

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Unk. Spiro

13b. MOTHER'S MAIDEN NAME

Unk.

14. NAME OF HUSBAND OR WIFE

Frieda

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frieda Spiro 6606 Enright

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE: (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH
hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DIS.

2 yrs.

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY. (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JAN. 1960 to JAN. 14, 1963 and last saw him alive on JAN. 14, 1963
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Melvin R. Goldman, M.D.

22b. ADDRESS

634 N. Grand

22c. DATE SIGNED

JAN. 14, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
1/15/63

23c. NAME OF CEMETERY OR CREMATORY
Chesed Shel Emeth

23d. LOCATION (City, town, or county)
University City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.

JAN 15 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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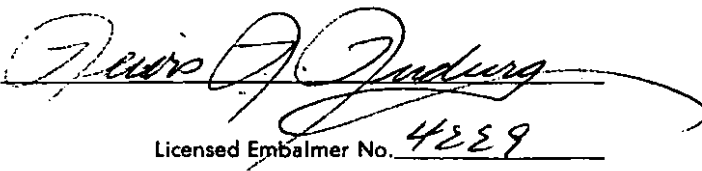
64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed:


Licensed Embalmer No. 4229

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.